

Group Information



Group Leader Name _____

School/Organization Name _____

School/Organization Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Email _____

Age of group members? _____ - _____ Number of attendees _____

- Workshop Date April 17, 2024 (workshop 10:00am – 11:30am, matinee 1:00pm)
 April 24, 2024 (workshop 10:00am – 11:30am, matinee 1:00pm)

Payment Information



Pay in full x \$145 each = _____ (total)

Reserve space with deposit by x \$85 each = _____ (total)

** Note: Space must be reserved by November 1, 2023, balance is due by February 1, 2024.*

Method of payment



- Check (please make checks payable to "PKN Broadway")
 Credit Card (circle one): Visa MasterCard Amex Discover
 Purchase Order

Credit Card Billing Information (if paying by credit card)



Name (as it appears on the card) _____

Billing Address _____

Card Number _____

Expiration Date _____

Submit application to Pam Pariseau:

BY MAIL: PKN Broadway; 84 Washington Street, Nyack, NY 10960

BY FAX: (212) 574-3369

BY EMAIL: Scan and email to: pam@broadwaychoralworkshops.com



Note: Weather cancellations are rare and subject to the same policy as the box office HAMILTON.